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NHS Procurement & Commercial Standards

Towards Excellence

Peer Review Process
and Guidance

July 2016

Authors: Finance and Commercial Directorate
Commercial Division in conjunction with the NHS Procurement Skills Development Network

Purpose – Guidance

Target audience – NHS Providers, NHS Trusts and NHS Foundation Trusts

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NHS Procurement & Commercial Standards

Towards Excellence

Procurement Peer Review
Process and Guidance
Document

July 2016

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Introduction

In line with Lord Carter's review, the National Procurement Skills Development (PSD) Network will make a major contribution to the achievement of the recommendations set out in the review, in particular Recommendation 5(f):

"trusts embracing the adoption and promotion of the NHS Procurement & Commercial Standards with the support of the new Skills Development Networks, with those that have already achieved Level 1 achieving Level 2 of the standards by October 2018; and those trusts that are yet to attain Level 1 achieving that level by October 2017. All trusts to produce a self-improvement plan to meet their target standard by March 2017."

This document is published by the (NHS) National PSD Network Board and sets out the approach to be taken regionally (through the PSD Network) to support organisations in attaining accreditation through the NHS Procurement & Commercial Standards.

Background

The NHS Procurement & Commercial Standards were initially published in May 2012 with a revised set launched in June 2013. They are a tool to support organisations in developing their commercial capability and to share good practice to improve capability across the whole health family. The role of procurement within each organisation has a different structure and scope, but does have a key role of facilitating the commercial arrangements within the organisation.

For the sake of clarity, the range of commercial activity used within the standards includes but is not exhaustive

- Pre-market engagement
- Sourcing
- Make or Buy decisions
- Demand Management
- Specification development
- The procurement process from requisition, tendering, contract award and order placing
- Contract Management
- Inventory Management
- Logistics
- Innovation
- Income Generation

The latest revision V3 (July 2016) is part of a regular review process and recognises any recent changes to the NHS landscape.

This document is published alongside the Standards to provide guidance on the Peer Review Process.

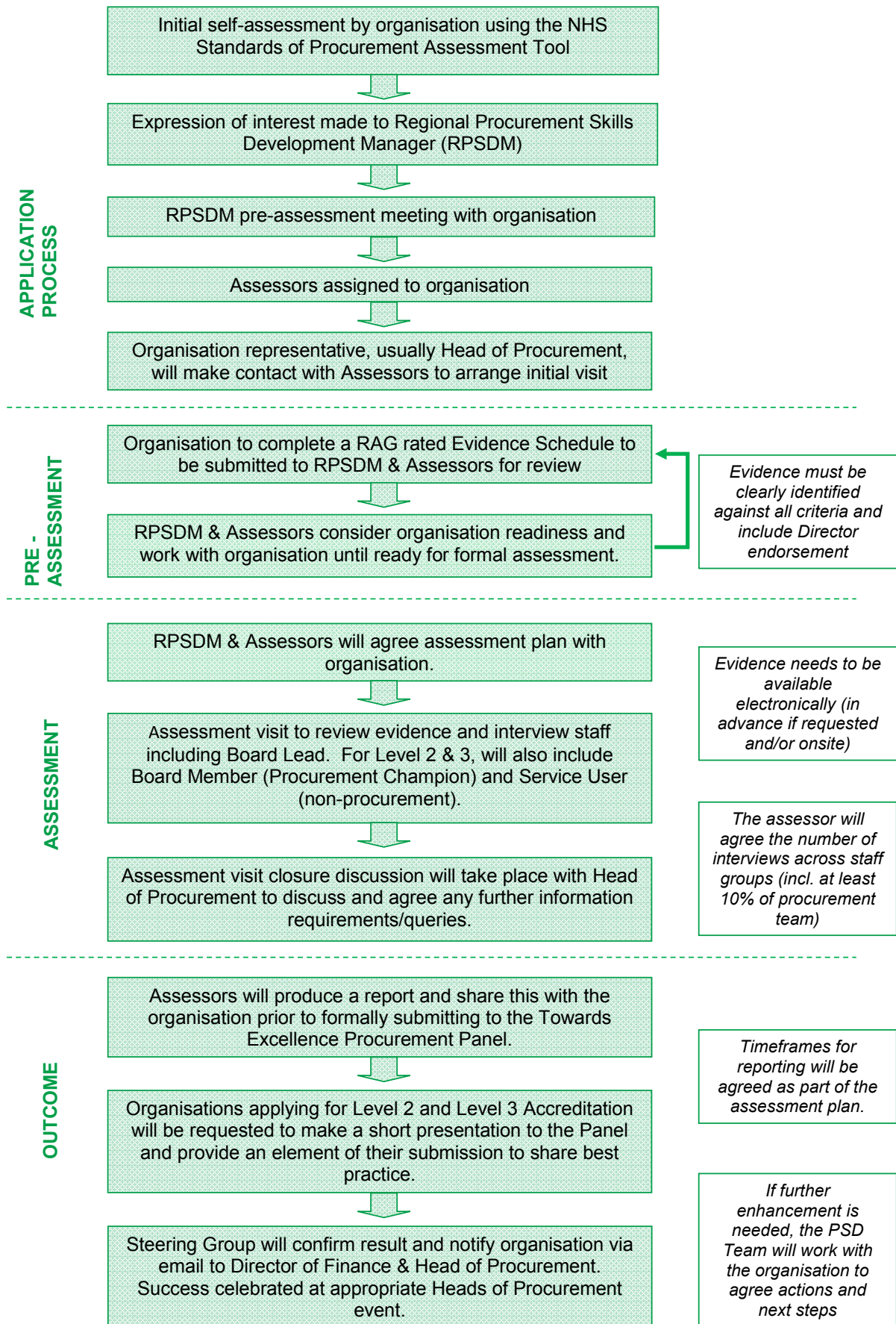
Objectives

To ensure good procurement development practice is established and maintained in all NHS organisations nationally.

To encourage the continuous development of the procurement function through increasingly higher standards, thus enabling procurement departments to meet the challenges of the changing agenda.

To celebrate the success of organisations who take procurement development seriously and so are able to identify continuous improvement of the capability and competence of the procurement function and the organisation, as a whole.

Process



Peer review

The Peer Review process provides an additional level of assurance over and above a self-assessment process. It also:

- Creates a development culture, underpinned by a competence based approach.
- Helps promote an environment of professionalism, initiative, enterprise and innovation.
- Excellent tool for sharing good practice across all organisations.
- Provides a support network amongst procurement professionals.

Peer reviewers will be referred to in this document as assessors.

As peer reviews are undertaken, a library of examples of good practice will be collected and shared on the www.skillsdevelopmentnetwork.com website.

Role of assessor

The role of the assessor is pivotal to the accreditation process. It is essential that assessors work in strategic roles where they understand the breadth of procurement. Assessors will possess excellent leadership skills, being prepared to tackle differences in evidence between staff and the leadership team. They will be able to communicate effectively their findings and be consistent in applying the evidence. They must be prepared to meet with fellow assessors to share best practice and provide peer support and to ensure that the scheme is owned by the procurement profession.

Each review will comprise of two assessors; a lead assessor and a second assessor. The lead assessor will be expected to produce the final assessment report and provide feedback to the organisation and the Towards Excellence Procurement Panel.

Collection of evidence

It is recommended that a procurement lead be appointed to support this work across the organisation. However, organisations are encouraged to set up a working group (this is not a one person process) to ensure it is an inclusive process and to support the collation of evidence to take accreditation forward.

Organisations will be required to submit a RAG rated 'Diagnostic and Improvement Tool' which should also include a brief outline against each criteria of the evidence being provided to support the application for accreditation.

Self assessment tool

Organisations can self-assess themselves against the characteristics of the Standards at Level 1, 2 and 3 but self-populating the scoring sections (current and target scores) and use the template to identify the areas for improvement and log the necessary actions to deliver this. The scores are summarised in both table and graph format.

Applying RAG rating

The evidence proforma provides a column for the organisation to be able to assess the availability of evidence and to apply a RAG rating. A RAG rating should be applied to all evidence proformas being submitted for peer review.

Green All evidence collected

Amber Evidence exists but need to collate into a common folder

Red No evidence

Evidence submission

As well as submitting the completed 'Diagnostic and Improvement Tool', organisations will be required to include a written introduction as part of their application. This should include the following:

- endorsement from Director
- information about the organisation as a whole (size, geography etc.)
- information about the Procurement Department (including structure number of staff studying)
- PSD within your organisation
- Key areas of good practice
- Next steps

Pre-Assessments and Reviewing Evidence

Planned pre-assessment visits will be carried out to support organisations to agree and set up a work plan.

Approximately 10 days prior to the formal accreditation visit taking place, the following evidence should be received by the assessors (some of these documents may form part of an overall strategy or policy rather than separate):

- Procurement Strategy
- Procurement Policy
- Procurement Work-plan
- Trust Strategy
- Trust Standing Order's and SFI's
- Sustainability Policy
- Representatives on Site Policy
- Inventory Management Policy
- Procure to Pay Policy
- Balanced Score Card/Reporting KPI's

- Procurement and Supplies handbook
- Evidence of category Strategy
- Completed 'Diagnostic and Improvement' Tool

Approximately half a day will be required to review the evidence provided and develop questions/consider areas for further discussion on the assessment day. It is also recommended to visit the organisation's website to review the procurement department's profile and establish how easy it is to identify who to contact (and how) in order to undertake business.

The assessment day should be planned several weeks in advance to ensure that appropriate individuals are available to attend.

Assessment day

Depending on the size of the organisation, assessments can take up to a day. The visit should consist of:

- Introduction/overview of the organisation by an Executive Director, to include QandA
- Outline of the journey of the Procurement Team by the Head of Procurement
- Detailed review of additional evidence – going through each of the criteria
- Evidence can be from the organisation's intranet, meeting minutes, internal audit reports, newsletters, questionnaires etc., demonstrating the breadth of involvement of the Procurement Team across the organisation
- Meet the procurement team
- Determine level of engagement and visibility within the organisation
- Visit stock rooms, materials management areas etc.

Assessor report

Following the assessment visit, the lead assessor will be required to:

- Write up a report (see Appendix I for template)
- Review any outstanding documents which may not have been available previously
- Highlight areas of good practice and ask permission from the organisation to share more widely (www.skillsdevelopmentnetwork.com website).
- Forward a copy of the report to the organisation (Director of Finance and Head of Procurement) for comment prior to it being presented to a procurement panel for formal approval.

Presentations (Level 2 and 3)

Organisations applying for Level 2 and 3 accreditation will be expected to make a presentation to the Towards Excellence Procurement Panel to support their application.

The Head of Procurement will lead the presentation with input from procurement team colleagues.

Presentations should be between 5 and (an absolute maximum of) 10 minutes. They should cover the following areas briefly:

- Introduction to the organisation and department
- Approach to achieving accreditation
- Procurement development within the organisation
- Key areas of good practice
- Next steps

Formal approval

The Towards Excellence Procurement Panel will make the final decision on awarding accreditation to organisations and this will be based on the assessor report and recommendations, the completed 'Data and the presentation (for Level 2 and 3 assessments). In exceptional circumstances the group may request further evidence to support a final decision.

Panels will meet quarterly and members will include but not be restricted to the PSD Chair, Regional Accreditation Champion, Accreditation Assessors and members of the PSD Board. The lead assessor will present the report along with their recommendation to the panel for formal approval. Once approved, the success will be acknowledged by the regional board in a communication to the organisation. Organisations will be awarded a framed Certificate of Success at an appropriate procurement event both regionally and nationally.

Length of accreditation

Accreditations will expire after 3 years. Accreditation certificates will identify the date for renewal. On the lead up to expiry, organisations will be expected to re-apply for accreditation via the PSD Network.

Expiry

Expires after 3 years and certificates identify the date for renewal.

Organisations will be expected to maintain continuous accreditation and therefore plan for reassessment as the expiry period approaches.

However, should expiry occur, a timeframe will be agreed for organisations to submit for re-accreditation, within a period of no longer than 12 months.

Organisations who do not become re-accreditation during this period will no longer be accredited and will be expected to commence at Level 1.

Sharing good practice

Areas which have been identified as being particularly good practice will be publicised via the www.skillsdevelopmentnetwork.com website once approval has been granted from the respective organisation.

Logo/Branding

Upon achieving accreditation, organisations will be issued with a logo and guidance on how to use the accreditation logo on organisations' communications (e.g., emails etc).

For further information regarding the NHS Procurement & Commercial Standards and the Peer Review Process, please contact:

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Appendix 1 – Example of Evidence and RAG rating

Electronic hyperlinks can be a helpful way to access the evidence during a review

Ref	Criteria	Level 1 – Procurement and Supplies Focus	Evidence
1.1	Strategy	<ul style="list-style-type: none"> Clearly identified responsibility and accountability for all areas of non-pay spend. Clear understanding of spend which is addressable by the Procurement team. Procurement strategy in place and developed in support of the organisation's strategy. Procurement annual work plan agreed. 	<ol style="list-style-type: none"> Procurement and Supplies Strategy 2015-2018 Procurement work plan and CIP 16/17 Delivering Caring at its Best
1.2	Executive Procurement and Commercial Leadership	<ul style="list-style-type: none"> Clear accountability at Executive level for the Procurement strategy. Identified Non Exec Director and/or Governor link to provide challenge/scrutiny for Procurement activity. 	<ol style="list-style-type: none"> Chairman's Briefing CIP Non Pay Steering Group Procurement Policy
1.3	Procurement and Commercial Leadership	<ul style="list-style-type: none"> The Procurement leader is involved in some strategic decisions; mainly focused around procurement activity. Evidence that the Procurement leader communicates regularly with customers, stakeholders and suppliers. The Procurement leader is an integral part of the directorate senior management team (SMT). 	<ol style="list-style-type: none"> Chairman's Briefing Procurement Strategy NHS Supply Chain Customer Board Copy Procurement Quarterly Report
1.4	Internal Engagement	<ul style="list-style-type: none"> Informative and useful procurement communication channels in place (e.g. intranet, newsletter, directorate team meetings etc.) Mechanisms are in place to ensure that staff understand the procurement processes within the organisation. Evidence that staff know when to engage and who to involve from the Procurement team e.g. through colleague survey results. The Procurement team work closely with other departments on specific projects. 	<ol style="list-style-type: none"> Team brief Intranet Procurement pages Newsletter Procurement Handbook Results of Staff Pulse Check Project X Agency Pay Taxi

Ref	Criteria	Level 1 – Procurement and Supplies Focus	Evidence
1.5	External Engagement	<ul style="list-style-type: none"> • Procurement team can evidence collaboration with other NHS bodies. • Procurement team attend regional network events to gather learning from other organisations. 	<ol style="list-style-type: none"> 1. Membership with various collaborations 2. 16/17 CIP 3. NHS Supply Chain Customer Board 4. Members of HCSA 5. Involvement in National Initiatives/projects
2.1	People Development and Skills	<ul style="list-style-type: none"> • Procurement skills/competencies clearly documented in job descriptions. • Skills gap analysis and training plans in place for all staff in the Procurement Team. Evidence that the Procurement team maximises training opportunities available. • Training plan in place for all new staff involved in procurement activities; this should be tailored to the amount of time expected to be spent on them. • Clearly defined annual objectives and appraisal process in place for all Procurement staff. These should be up to date and support commercial competencies. • The Procurement team has the appropriate mix of skills enabling transactional and strategic working as required. • Procurement staff know how their role fits within the organisational objectives. 	<ol style="list-style-type: none"> 1. Procurement and Supplies Job descriptions 2. Skills toolkit and development plan 3. Appraisal 4. Induction plan 5. Time out sessions 6. What is Procurement? Training course for clinical users
2.2	Scope and Influence	<ul style="list-style-type: none"> • Procurement team influences some but not all areas of the organisations non-pay spend. • Procurement strategy articulates the scope and influence of the Procurement team. 	<ol style="list-style-type: none"> 1. Procurement and Supplies Strategy 2015-2018 2. Category Strategies
2.3	Resourcing	<ul style="list-style-type: none"> • Balance of skills (e.g. strategic versus tactical) optimised within Procurement. Where relevant a business case for appropriate staff requirements developed and submitted to for approval. 	<ol style="list-style-type: none"> 1. Departmental Structure 2. Handbook 3. Skills development tool

Ref	Criteria	Level 1 – Procurement and Supplies Focus	Evidence
3.1	Category Expertise	<ul style="list-style-type: none"> • Evidence of Procurement category expertise utilised in some but not all categories (this can be either in house expertise or via another route e.g. a procurement hub). • Category experts used have a good understanding of the core supply markets of their categories. 	<ol style="list-style-type: none"> 1. Category Strategies 2. CPC work plan 3. Supplier Relationship Management
3.2	Contract and Supplier Management	<ul style="list-style-type: none"> • Database of contracts managed by the Procurement team, flagged for renewals with action plan. • Expenditure is categorised and analysed to identify and prioritise opportunities to pursue through contract management. • Basic contract management processes are developed and implemented with key suppliers. For example ad hoc management of contract key performance indicators (KPIs). 	<ol style="list-style-type: none"> 1. Due North live demo of contract data base and action plan for renewals 2. CIP Procurement Strategy (presented at enabling group) 3. NHSSC, Sygnery, Astrel and Medstrom contract management
3.3	Supplier Relationship Management (SRM)	<ul style="list-style-type: none"> • An assessment process undertaken to identify key suppliers. • Evidence that Procurement are involved in the performance of some key strategic suppliers. • Procurement team reactively supports innovation within the organisation when requested. 	<ol style="list-style-type: none"> 1. NHS Supply chain contract meetings 2. Key Suppliers 3. Project specific 4. Costing template for Endo Surgery
3.4	Risk Management	<ul style="list-style-type: none"> • Procurement risk register in place and regularly reviewed. • Critical goods and services and/or suppliers are identified by assessing the impact of supply failure. • Emergency process in place – there is a named lead for co-ordinating responses to disruptions in supply of critical goods and services. 	<ol style="list-style-type: none"> 1. Risk log (Datrix) to include Loss of Key Staff; Supplier Resilience; Fraud 2. Business Continuity Plan

Ref	Criteria	Level 1 – Procurement and Supplies Focus	Evidence
3.5	Sourcing Process	<ul style="list-style-type: none"> Standard sourcing approach used periodically/for certain key categories and major procurements. Evidence that all sourcing options are identified and evaluated for all major procurements. (Sourcing options to be considered include the use of hubs / national frameworks and other collaborative routes. Where an organisation specific tender is undertaken the reasoning will be made clear including use of e-auctions/DPS.) Collaborative sourcing opportunities explored and used as appropriate. E-Sourcing system in place and utilised for all EU level tenders as a minimum. 	<ol style="list-style-type: none"> Procurement Handbook Due North – live demo Collaborative sourcing
3.6	Benchmarking	<ul style="list-style-type: none"> Evidence that ad hoc price benchmarking activity is carried out with other organisations (formally/ informally). Clear evidence that action plans based on variances identified through benchmarking with other organisations are being implemented (e.g. the Lord Carter top 100). 	<ol style="list-style-type: none"> Bravo live demon Advice Inc. live demo of benchmarking and the analysis undertaken
3.7	Specifications and Whole Life Costs	<ul style="list-style-type: none"> Procurement team has some involvement in the specifying process and looks to standardise certain purchases and make sure the specification allows for reasonable competition. Standard specifications used within the organisation where possible. Whole life costs are assessed as part of the strategic sourcing process (for example taking in to account consumables and maintenance costs). 	<ol style="list-style-type: none"> CPG Process Flow Clinical Product Specification Proforma Terms of Reference of CPG Roles and Responsibilities of CPG Cardiology spec
4.1	Inventory Management/ Stock Control	<ul style="list-style-type: none"> There is documentary evidence of/strategy in place outlining an agreed approach for inventory/materials management. Where appropriate there is a materials management service in place (top up and put away service). Store locations have a regular cycle (minimum annually) of stock checks in place (including a review of min/max levels). The organisation knows the estimated value items held in stock. 	<ol style="list-style-type: none"> Manual stock Count 14/15 Walk about with Supplies Manager Supplies and Materials Management Handbook

Ref	Criteria	Level 1 – Procurement and Supplies Focus	Evidence
4.2	Logistics	<ul style="list-style-type: none"> Where in place Receipts and Distribution (RandD) are responsible for matching receipts to orders and arranging the internal delivery schedule. Goods usually distributed the day they arrive, except where there is a clear policy of goods to be stored centrally. 	<ol style="list-style-type: none"> Stamped and dated delivery notes and dated internal delivery paperwork Process for R and D
5.1	Performance Measurement	<ul style="list-style-type: none"> Measures in place (including Lord Carter metrics as appropriate) which are reported within the Procurement teams and to the agreed Board member (e.g. Director of Finance). 	<ol style="list-style-type: none"> Balanced Score Card Reports CIP work plan Enabling workshop
5.2	Savings Measurement and Credibility	<ul style="list-style-type: none"> Agreed definitions with Finance on calculation of savings with audit trail on their reporting. All cash releasing savings are validated by agreed stakeholders and Finance. 	<ol style="list-style-type: none"> CIP Process Submitted PMTT
5.3	Catalogue Management	<ul style="list-style-type: none"> Electronic catalogue system in place and regularly used for key areas of spend. Strategy agreed on range of products/services to be included in the catalogue with plans to increase coverage to circa 80% of the addressable transaction volume by September 2017. Agreed process in place to respond to purchases made off catalogue. 	<ol style="list-style-type: none"> System demonstration Process to free text to catalogue and include measure in balanced score care
5.4	Procure to Pay (P2P)	<ul style="list-style-type: none"> Electronic ordering system in place and utilised. Strategy in place as to which goods and services should be undertaken via PO, NHS SC, free text etc. developed (includes procedures for orders placed not following process). Plan in place to ensure that 90% of the addressable transaction volume is on an electronic ordering system by September 2017. 	<ol style="list-style-type: none"> System live demo Exemption list INsite ABS training
5.5	Cost Assurance	<ul style="list-style-type: none"> Some cost assurance activities undertaken (reconciliation audits). Invoice tolerances are in place with % and maximum value. Effective process for challenging price queries evidenced. 	<ol style="list-style-type: none"> Results of Audits undertaken by Corporate Category Price query process and tolerance in place for non-contract products
5.6	Spend Analysis	<ul style="list-style-type: none"> Spend analysis tool available for use by Procurement staff who regularly review key suppliers and categories by spend with a strategy for improvement. 	Bravo and Advice Inc. – live demo

Ref	Criteria	Level 1 – Procurement and Supplies Focus	Evidence
5.7	GS1 and Patient Level Costing (where relevant)	<ul style="list-style-type: none"> Procurement team understand and support the organisation's approach to patient level costing and GS1 compliance. 	<ol style="list-style-type: none"> Case study GS1 2015 Omnicelel
6.1	Procurement Policy and Guidance	<ul style="list-style-type: none"> Published Standing Orders (SOs) and Standing Financial Instructions (SFIs) and scheme of delegation. Published and communicated Procurement processes in place to relevant staff across the organisation. A published Procurement manual is in place, incorporating processes, policies and procedures (EU compliant) which clearly describe how all procurements are governed and managed. 	<ol style="list-style-type: none"> SFIs and SFOs E-learning Module Procurement and Supplies Handbook
6.2	Process Compliance	<ul style="list-style-type: none"> Evidence that compliance to preferred suppliers, contracts and catalogues items is strong in some targeted categories. Maverick spend is measured, with plans in place to follow up non compliance. 	<ol style="list-style-type: none"> How to buy Office Stationery – NHS Supply Chain Agency Staff Free Text to Catalogue performance
6.3	Asset Management	<ul style="list-style-type: none"> Evidence that Procurement team is linked in to the capital asset/equipment replacement programme. 	<ol style="list-style-type: none"> Asset register and minutes of capital meeting demonstrating Procurement attends
6.4	Corporate Social Responsibility (CSR)	<ul style="list-style-type: none"> Evidence that all aspects of CSR are considered during the procurement process (as appropriate). 	<ol style="list-style-type: none"> Sustainable Procurement Guidance Audit results Redfern CO2
6.5	Small to Medium Sized Enterprises (SMEs)	<ul style="list-style-type: none"> The case for engaging “encouraged enterprises” (SMEs) is documented and can be identified by staff with procurement responsibilities. Procurement documentation, including terms and conditions are proportionate and not excessively burdensome so as to exclude “encouraged enterprises” (e.g. levels of insurance cover, terms of payment). 	<ol style="list-style-type: none"> SMEs Renal Services – contracts of millions. Live demo of Due North

Appendix II – Example Questions at formal assessment visit

Guidance on assessment questions

Assessors will meet with a minimum of 3 procurement staff (ideally 10% of the headcount) to establish their views on personal and professional development opportunities within their organisation. Informal chats with staff can be via:

- Random interviews during walk round department
- Group discussion
- Assessor to randomly select in advance based on the organisation structure

Suggested questions:

- Do you have an up to date job description for your role?
- Do you have an annual PDR/Appraisal? When was your last one?
- Do you have a KSF or similar (core values etc.,) outline which is reviewed incorporated into your PDR/Appraisal discussion?
- Do you have access to a mentor?
- What qualifications do you hold? Are you currently studying?
- Have you undertaken any training recently? If so what?
- How do you record learning and development activity?
- What opportunities do you have for further training?
- How do you find out what's going on in your organisation/department?
- How does your management team communicate with you?
- Do you get involved in any activities outside of the procurement function?
- Do you have any interaction with colleagues from other NHS organisations?
- Who is your PSD Lead?
- Do you feel they keep you up to date with what is going on?
- What do you know about the PSD network?
- Are there any improvements that could be made by the department to further help your development?

The Director of Finance/Deputy Director of Finance must also be interviewed.

Questions:

- How important is the procurement team in delivering the whole agenda; how confident are you?
- How does the procurement team interact with the rest of the organisation and does the organisation value what procurement are doing?
- Is the organisation and its staff aware of and take responsibility for procurement?
- How do the procurement team demonstrate involvement in strategic programmes and can you provide an example of this? (e.g. reconfiguration)
- How can you demonstrate organisation and professional leadership by senior procurement team?
- What are the key elements of the procurement skills training strategy?

Appendix III – Assessor Report Template

Towards Excellence Procurement Accreditation (NHS Standards of Procurement)

Name of organisation assessing and level of accreditation applying for assessor report

Background

Provide background information regarding the organisation, structure of the procurement department, no. of staff, no. of CIPS qualified, studying, areas covered, links with other organisations, services provided etc.

Overall assessment

Details of how assessment was carried out e.g., number of pre-assessment visits, how evidence reviewed, meetings with staff (based on additional assessment questions), including Director of Finance/Chief Finance Officer and procurement staff.

For Level 2 and 3 – meeting schedule should also include Board member (Procurement Champion) and service user (non procurement)

Discussions with staff

Based on the additional assessment questions – discussion with Director of Finance/Deputy Director of Finance, discussions with staff.

Key areas of good practice

Any key areas of good practice, particular strengths etc.

Conclusion

Conclusion of assessment, commitment, how comprehensive etc.

Recommendation

Statement giving recommendation.

Additional comments (where necessary)

Any additional comments that the Assessor feels are necessary.

Name of Peer Reviewers

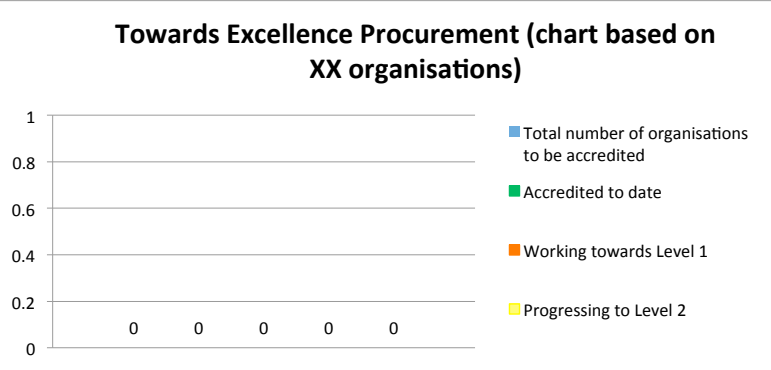
Job Title

Organisation

Date

Appendix IV – Status Report Template

	Current level	Date attained	Expiry date	Level working towards	Assessors	Date assigned	Formal assessment visit date (organisation)	TEP steering group date for approval	Date of reminder/Actions/comments etc
Not currently accredited									
Currently accredited – due to expire xxxxxx onwards									



Appendix V – Acknowledgements

This document and the learnings from the peer review process could not have been put together without the support of a number of people from the Capability Working Group and North West Procurement Development Network.

Thanks go to:

Jacky Bowman	North West Procurement Development Network
Sarah Charman	East Kent Hospitals NHS University Trust and HCSA representative
Simon Dennis	Salisbury NHS Foundation Trust
Rob Goodrich	Shropshire Healthcare Procurement Services
Cathy Griffiths	Birmingham Childrens Hospital and HCSA representative
Mick Guymer	North West Procurement Development and Northern Customer Board
Daren Hopkinson	North West Ambulance Service NHS Trust
Alan Hoskins	South of England Procurement Services and HCSA representative
Vivienne Morley	Queen Elizabeth Hospital, Kings Lynn
Di Ormandy	North West Procurement Development Network
Ben Shaw	University Hospitals of Leicester NHS Trust



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2905479 July 2016

Produced by Williams Lea for the Department of Health